


ATTACHMENT 7
BID/BIDDER CERTIFICATION SHEET

Only an individual who is authorized to bind the bidding firm contractually shall sign the Bid/Bidder Certification Sheet. The signature must indicate the title or position that the individual holds in the firm. This Bid/Bidder Certification Sheet must be signed and returned along with all "required attachments" as an entire package with original signatures. The bid must be transmitted in a sealed envelope in accordance with IFB instructions.

- A. Our all-inclusive bid is submitted in a sealed envelope marked "**Bid Submittal - Do Not Open**".
- B. All required attachments are included with this certification sheet.
- C. I have read and understand the DVBE participation requirements and have included documentation demonstrating that I have met the participation goals.
- D. The signature affixed hereon and dated certifies compliance with all the requirements of this bid document. The signature below authorizes the verification of this certification.
- E. The signature and date affixed hereon certifies that this bid is a firm offer for a 90-day period.

An Unsigned Bid/Bidder Certification Sheet May Be Cause for Bid Rejection

| | | |
|---|---|--|
| 1. Company Name <u>SINCLAIR GENERAL ENGINEERING CONSTRUCTION, INC.</u> | 2. Telephone Number <u>(209) 847-6100</u> | 2a. Fax Number <u>(209) 847-6101</u> |
| 2b. Email Address <u>SSINCLAIR@SINCLAIRCONSTRUCTION/INC.COM</u> | | |
| 3. Address <u>P.O. Box 1453, OAKDALE, CA 95361</u> <u>4842 FREELove Rd., OAKDALE, CA 95361</u> | | |
| Indicate your organization type: | | |
| 4. <input type="checkbox"/> Sole Proprietorship | 5. <input type="checkbox"/> Partnership | 6. <input checked="" type="checkbox"/> Corporation |
| Indicate the applicable employee and/or corporation number: | | |
| 7. Federal Employee ID No. (FEIN) <u>20-4159878</u> | 8. California Corporation No. <u>C2853563</u> | |
| Indicate the Department of Industrial Relations information: | | |
| 9. Contractor Registration Number <u>1000002655</u> | | |
| Indicate applicable license and/or certification information: | | |
| 10. Contractor's State Licensing Board Number <u>818693</u> | 11. PUC License Number CAL-T- <u>N/A</u> | |
| 12. Bidder's Name (Print) <u>SEAN SINCLAIR</u> | 13. Title <u>PRESIDENT</u> | |
| 14. Signature  | 15. Date <u>6/1/17</u> | |
| 16. Are you certified with the Department of General Services, Office of Small Business and Disabled Veteran Business Enterprise Services (OSDS) as: | | |
| a. Small Business Enterprise Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, enter certification number: <u>40586</u> | | |
| b. Disabled Veteran Business Enterprise Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, enter your service code below: _____ | | |

NOTE: A copy of your Certification is required to be included if either of the above items is checked "Yes".

Date application was submitted to OSDS, if an application is pending: _____

17. Are you a Non-Small Business committing to the use of 25% Certified Small Business Subcontractor Participation?
Yes ☐ No ☒

If Yes, complete and return the Bidder Declaration form, GSPD-05-105 with your bid.

ATTACHMENT 1

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

BID PROPOSAL

ADM-1412 (REV.11/2015)

| CONTRACTOR'S NAME (Please Print): <i>SINCLAIR GENERAL ENGINEERING CONSTRUCTION, INC.</i> | | | | CONTRACT NO. 10A1899 | |
|---|--|-----------------|--|---------------------------------|--------------|
| LINE ITEM | ESTIMATED QUANTITY | UNIT OF MEASURE | ITEM | TOTAL | |
| 1 | Lump Sum | Lump Sum | LABOR, TOOLS, MATERIALS, EQUIPMENT AND INCIDENTALS NECESSARY TO REMOVE AND REPLACE, AND EPOXY CONCRETE TRUCK BARN FLOOR AS DESCRIBED IN EXHIBIT A, SCOPE OF WORK. | \$ 34,496.00 | |
| 2 | UNFORSEEN WORK AS DESCRIBED IN EXHIBIT A, SCOPE OF WORK (Contractor will be reimbursed for the cost of unforeseen work approved by the CM or designee up to the total). | | | CALCULATE 5% OF LINE ITEM No. 1 | \$ 1,724.80 |
| 3 | UNFORSEEN PARTS, MATERIALS AND SUPPLIES (Contractor will be reimbursed for the actual cost of parts/materials/supplies with no additional mark up in accordance with EXHIBIT. B of this Agreement.) | | | CALCULATE 5% OF LINE ITEM No. 1 | \$ 1,724.80 |
| (1) Each line must be bid. Do NOT leave any price column blank or this Bid proposal may be disqualified from competition for the contract award. | | | | TOTAL THIS PROPOSAL | \$ 37,945.60 |
| (2) Any Alterations, modifications or changes to this bid proposal sheet by the proposer will be grounds for Bid rejection. | | | | | |

ATTACHMENT 2

State of California—Department of General Services, Procurement Division
GSPD-05-105 (REV 08/09)

Solicitation Number _____

BIDDER DECLARATION

1. Prime bidder information (Review attached Bidder Declaration Instructions prior to completion of this form):

- a. Identify current California certification(s) (MB, SB, NVSA, DVBE): SB or None ☐ (If "None," go to Item #2)
- b. Will subcontractors be used for this contract? Yes ☒ No ☐ (If yes, indicate the distinct element of work your firm will perform in this contract e.g., list the proposed products produced by your firm, state if your firm owns the transportation vehicles that will deliver the products to the State, identify which solicited services your firm will perform, etc.). Use additional sheets, as necessary.

GRADING, PLACE AND FINISH PORTLAND CEMENT CONCRETE, SUPERVISION, MOBILIZATION, ALL NECESSARY EQUIPMENT.

- c. If you are a California certified DVBE: (1) Are you a broker or agent? Yes ☐ No ☒ (2) If the contract includes equipment rental, does your company own at least 51% of the equipment provided in this contract (quantity and value)? Yes ☒ No ☐ N/A ☐

2. If no subcontractors will be used, skip to certification below. Otherwise, list all subcontractors for this contract. (Attach additional pages if necessary):

| Subcontractor Name, Contact Person, Phone Number & Fax Number | Subcontractor Address & Email Address | CA Certification (MB, SB, NVSA, DVBE or None) | Work performed or goods provided for this contract | Corresponding % of bid price | Good Standing? | 51% Rental? |
|--|---|---|--|------------------------------|---|------------------------------|
| Seegert Construction Steven Seegert (916) 599-1782 ph (916) 303-2433 fx | 1108 Fremont Way Sacramento, CA 95818 Steven@seegertconstruction.com | DVBE | Rebar, Dowels, Epoxy 10-mil vapor barrier | 3.59% | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> N/A |
| W.C. Maloney, Inc. Chuck Johnson (209) 942-1129 ph (209) 942-2579 fx | P.O. Box 36326 Stockton, CA 95213 CJohnson@wcmaloney.com | SB None | Saw cutting Concrete removal | 15.56% | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> N/A |
| | | | | | <input type="checkbox"/> | |

CERTIFICATION: By signing the bid response, I certify under penalty of perjury that the information provided is true and correct.

ATTACHMENT 5

STATE OF CALIFORNIA – DEPARTMENT OF GENERAL SERVICES PROCUREMENT DIVISION

DISABLED VETERAN BUSINESS ENTERPRISE DECLARATIONS

STD. 843 (Rev. 5/2006)

Instructions: The disabled veteran (DV) owner(s) and DV manager(s) of the Disabled Veteran Business Enterprise (DVBE) must complete this declaration when a DVBE contractor or subcontractor will provide materials, supplies, services or equipment [Military and Veterans Code Section 999.2]. Violations are misdemeanors and punishable by imprisonment or fine and violators are liable for civil penalties. All signatures are made under penalty of perjury.

SECTION 1

| | | | |
|---|--|-------------------------|----------------|
| Name of certified DVBE: | <u>Steven C. Seegert dBA: Seegert Construction</u> | DVBE Reference Number: | <u>1787804</u> |
| Description (materials/supplies/services/equipment proposed): | <u>Rebar / Dowels / Epoxy / Vapor barrier</u> | | |
| Solicitation/Contract Number: | <u>IFB Number 10A1899</u> | SCPRS Reference Number: | |

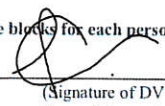
(FOR STATE USE ONLY)

SECTION 2

APPLIES TO ALL DVBEs. Check only one box in Section 2 and provide original signatures.

- ☒ I (we) declare that the DVBE is not a broker or agent, as defined in Military and Veterans Code Section 999.2 (b), of materials, supplies, services or equipment listed above. Also, complete section 3 below if renting equipment.
- ☐ Pursuant to Military and Veterans Code Section 999.2 (f), I (we) declare that the DVBE is a broker or agent for the principal(s) listed below or on an attached sheet(s). (Pursuant to Military and Veterans Code 999.2 (e), State funds expended for equipment rented from equipment brokers pursuant to contracts awarded under this section shall not be credited toward the 3-percent DVBE participation goal.)

All DV owners and managers of the DVBE (attach additional pages with sufficient signature blocks for each person to sign):

| | | |
|------------------------------------|---|-----------------|
| <u>Steven C. Seegert</u> |  | <u>6/1/2017</u> |
| (Printed Name of DV Owner/Manager) | (Signature of DV Owner/Manager) | (Date Signed) |
| _____ | _____ | _____ |
| (Printed Name of DV Owner/Manager) | (Signature of DV Owner/Manager) | (Date Signed) |

Firm/Principal for whom the DVBE is acting as a broker or agent:
(If more than one firm, list on extra sheets.) _____
(Print or Type Name)

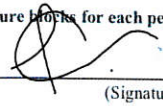
Firm/Principal Phone: _____ Address: _____

SECTION 3

APPLIES TO ALL DVBEs THAT RENT EQUIPMENT AND DECLARE THE DVBE IS NOT A BROKER.

- ☒ Pursuant to Military and Veterans Code Section 999.2 (c), (d) and (g), I am (we are) the DV(s) with at least 51% ownership of the DVBE, or a DV manager(s) of the DVBE. The DVBE maintains certification requirements in accordance with Military and Veterans Code Section 999 et. Seq.
- ☐ The undersigned owner(s) own(s) at least 51% of the quantity and value of each piece of equipment that will be rented for use in the contract identified above. I (we), the DV owners of the equipment, have submitted to the administering agency my (our) personal federal tax return(s) at time of certification and annually thereafter as defined in Military and Veterans Code 999.2, subsections (c) and (g). Failure by the disabled veteran equipment owner(s) to submit their personal federal tax return(s) to the administering agency as defined in Military and Veterans Code 999.2, subsections (c) and (g), will result in the DVBE being deemed an equipment broker.

Disabled Veteran Owner(s) of the DVBE (attach additional pages with signature blocks for each person to sign):

| | | |
|---|---|--------------------------------------|
| <u>Steven C. Seegert</u> |  | <u>6/1/2017</u> |
| (Printed Name) | (Signature) | (Date Signed) |
| <u>1108 Fremont Way, Sacramento, CA 95818</u> | <u>(916) 599-1782</u> | <u>45-3980464</u> |
| (Address of Owner) | (Telephone) | (Tax Identification Number of Owner) |

Disabled Veteran Manager(s) of the DVBE (attach additional pages with sufficient signature blocks for each person to sign):

| | | |
|------------------------------|---------------------------|---------------|
| _____ | _____ | _____ |
| (Printed Name of DV Manager) | (Signature of DV Manager) | (Date Signed) |



Proposal

May 31, 2017

Cody Butler
Project Manager
Sinclair General Engineering Construction

Re: Cost Proposal for Materials for a New Project

Cody:

I am pleased to provide you with a **Cost Proposal for Project Materials**.
Below I have outlined the proposed services that Seegert Construction has included for this project.

The following has been included:

- 1) Provide the following materials:
 - a) Forty-Five (45) 20' long sticks of #4 rebar.
 - b) Sixty-Five (65) 18" long #4 rebar dowels.
 - c) Eight (8) tubes of Simpson Set XP epoxy.
 - d) One (1) 20' x 100' roll of clear 10 mil vapor barrier.

For a Total Budget of \$1,365.00 (One Thousand Three Hundred Sixty Five Dollars)

Exclusions:

- 1) Anything not specifically mentioned above.

I appreciate the opportunity to submit this proposal to you and we trust the information presented herein meets your needs. I look forward to working with you again and being a part of your construction team. Should you have any questions please do not hesitate to contact me at any time, day or night.

Respectfully,

Seegert Construction

Steven Seegert
Owner

Serving Central & Northern California | Phone (916) 599-1782 | Fax (916) 303-2433
License No. 984313; B, C-8; ISNetWorld No. 400-237293
CA DVBE#1787804

A Portion of Profits is Proudly Donated to Veterans Service Organizations



W. C. MALONEY, INC.

Fax Transmittal

To:

ESTIMATING

6-1-17

Fax:

From:

CHUCK JOHNSON

Re:

CAL TRANS
SLAB REMOVAL
LONG BARN

Of Pages,
including cover
Sheet:

4

Please contact us immediately at (209) 942-1129 if any part of this transmission failed or was not clear.

Please Reply _____ Please Rush _____ for your information X Acknowledge _____

IF YOU HAVE ANY QUESTION'S ON THIS QUOTE OR NEED A QUOTE ON
ANY OTHER PROJECT, FEEL FREE TO CONTACT ME ANYTIME.

THANK YOU,

CHUCK JOHNSON
CELL# 209-623-8007
cjohnson@wcmaloney.com



W. C. MALONEY, INC
PO BOX 30326
STOCKTON, CA 95213-0326
(209) 942-1129 Fax: (209) 942-2579

Quote #: 082729

Date: 05/31/17

QUOTE

| CUSTOMER INFORMATION | |
|-----------------------|-------------------------|
| ESTIMATING DEPARTMENT | <u>Cust #</u> 003179 |
| Fax: | |
| Ordered By: | ESTIMATING |
| Salesman: | Chuck Johnson |

| JOB SITE INFORMATION |
|--------------------------------|
| CAL TRANS MAINT - SLAB REMOVAL |
| LONG BARN, CA |
| Foreman: |

| Item / Desc | Details | Qty | Unit Price | Extended |
|---|---------|-----|------------|----------|
| WE ARE BIDDING ON THE FOLLOWING ITEMS: Items not expressly included in this proposal shall be deemed excluded from subcontractors scope of work. | | | | |
| SLAB SAW, BREAK, & HAUL 1- 20' X 40' X 6"-8" DP CONCRETE SLAB | | | | |
| ***** TOTAL \$5,906.00 Retention Due Upon Completion of Sub-Contract ***** | | | | |
| ***INCLUDED*** Saw Cutting & Vacuuming Or Clean Up Of Concrete Sawing Slurry Dump Fees Move-ins (1) & Add for Each Extra Mobilization (CALL FOR PRICING) Clean-up (broom swept) | | | | |
| ***EXCLUSIONS*** Utilities Protection, Shoring/Bracing, Disconnect/Safe Off or Capping Base Rock Removal Barricades (Auto/Pedestrian) Dust Control Installation And Maintenance Of (S.W.P.P.P.) Excavation | | | | |
| ***REQUIREMENTS*** Layout Of Work, i.e. Specific Markings In Paint Identifying Exact Removal Limits Access to Work Areas -THIS QUOTE REPRESENTS MY FULL SCOPE OF WORK AND SHALL BE MADE PART OF THE SUBCONTRACT ALONG WITH THE "W.C. MALONEY TERMS AND CONDITIONS". QUOTE ACCEPTED AND AUTHORIZED TO START WORK BY: _____ DATE: _____ Small Business License Ref #0051808 - Contractors License #718243 Class A & C-21 D.I.R. #1000003349 We Are Signatory To The Laborers & Operating Engineers Unions. Bond Rate 2% Premium Not Included | | | | |